ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHO	ONE NO.:	FOR COURT USE ONLY	
-				
ATTORNEY FOR (Name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			†	
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
CASE NAME:			1	
57.02 TV UII.2.				
			CASE NUMBER:	
PATERNITY—FINDING AND JUDG	MENT		1	
(Juvenile Dependency)	IVIEINI			
(Juvernie Dependency)				
1. (Name): is decla	red to be the father	r of (list n	ames and dates of birth of all children):	
<u>Child's name</u> <u>Date of bi</u>	<u>irth</u>			
and a Judgment is hereby entered.				
D .				
Date:				
(T)(F) OD DDN/T (MAS)			DIOIAL OFFICER OF THE HIN/FAILE COURT	
(TYPE OR PRINT NAME)		JUL	DICIAL OFFICER OF THE JUVENILE COURT	
2. A copy of this order has been transmitted to the Office of	the District Attorne	v. Family	Support Division, on this date by:	
First-class mail		, ,	, , , , , , , , , , , , , , , , , , , ,	
County mail or courier				
FAX				
Date:				
Date.	Clark b		Dani	uts
	Cierk, by	y	, Depi	uty